



Ethical question of the month — January 2001

You work in a companion animal practice in a large suburban center. Three years ago, the city enacted a by-law that banned the ownership of pitbull terriers, Staffordshire terriers, crosses of either breed, or any dog resembling either of the 2 breeds. Anyone owning such a dog at the time the by-law was enacted was allowed to keep the dog, but no new dogs fitting the descriptions above would be permitted within the city limits. Two years ago, unaware of the by-law, a family with 3 young children and a 6-year-old, registered pitbull terrier moved across the country to this city. The dog has been a patient of yours for the last 2 years and has never shown any signs of aggressive behavior. The owners present you with a notice from the city that the dog must be taken outside the city or be destroyed. It is not allowed within the city limits. The owners ask you to write a letter to the appeals committee that is authorized to grant exceptions to the by-law. Your recommendation will likely weigh heavily with the decision-makers. You do not want to be responsible for another serious dog bite injury in this area nor do you want to see this family lose a pet that, as far as you can ascertain, has never shown any aggressive tendencies, unlike many of the dogs under your care. **How should you respond?**

*Submitted by Gary Goeree, DVM
Kitchener, Ontario*

Question de déontologie du mois — janvier 2001

*Vous travaillez dans une clinique située dans une grande banlieue. Il y a trois ans, la municipalité a adopté un règlement qui bannissait les pitbulls, les Staffordshire bull terriers, les bâtards issus d'un croisement avec une de ces races et tout chien ressemblant à l'une ou l'autre race. À l'époque, quiconque possédait un chien correspondant à ces descriptions pouvait le conserver à l'intérieur des limites de la ville. Il y a deux ans, ne connaissant pas ce règlement, une famille avec trois enfants et un pitbull de six ans est venue s'installer en ville. Vous soignez le chien depuis ce temps et il n'a jamais manifesté la moindre agressivité. Les propriétaires vous montrent un avis émanant de la municipalité, selon lequel le chien doit sortir de la ville ou être détruit. Il ne peut pas rester à l'intérieur des limites de la ville. Les propriétaires vous demandent d'écrire une lettre au comité d'appel, qui est autorisé à accorder des dérogations au règlement. Votre recommandation aura sans doute beaucoup de poids auprès des décideurs. Vous ne voulez pas être responsable d'une autre attaque grave par un chien, pas plus que vous ne souhaitez voir cette famille perdre un compagnon qui, d'après vos constatations, ne manifeste aucune tendance agressive, contrairement à beaucoup de chiens que vous traitez. **Qu'allez-vous faire?***

*Proposé par Gary Goeree, DVM
Kitchener (Ontario)*

Comment

In my view, it would be tragic for the obviously beloved family pet to be euthanized for no good reason. The dog is obviously cared for and has lived with young children for 6 years with no signs of aggression. The veterinarian should do all in his or her power to intercede on the client's behalf. In my experience, dogs that bite are not especially breed-specific, but more often than not belong to irresponsible, uninformed, or uncaring owners.

Patricia A. Henry, DVM, Lake Cowichan, British Columbia

An ethicist's commentary on veterinary involvement with laws banning pitbulls and pitbull crosses

It appears that society perennially runs something like a "monster dog of the year" contest, wherein certain breeds are designated as vicious man-killers, providing us with a thrill of fear whenever we see a member of that breed. When I was young, it was German shepherds that struck terror into our hearts; later, it was Doberman

pinschers, then rottweilers, then pitbulls and pitbull crosses. Since society has grown progressively crazier in a variety of areas, be it the prosecution of frivolous lawsuits against McDonalds, blaming the company for the hot coffee someone burned himself with when he spilled a cup in his lap, the rise of everyone claiming victim status, or the demonization of other creatures, society's responses to these perceived threats have also become crazier, with the advent of laws banning the ownership of these breeds, as in this case. Former veterinary dean, Frank Loew, a man of profound common sense, has referred to the paranoia evidenced by such responses as "canine racism."

The issue, in my view, is not the breed of dog, so much as the people who wish to acquire a dog with a killer reputation. In fact, although pitbulls have indeed traditionally been used as fighting dogs, they were bred to be aggressive towards other dogs, not to their handlers or other humans, as people needed to be able to intrude into a dog fight without evoking an attack response. Similarly, people who want to own vicious dogs will own them, regardless of what breed they are. Almost any animal can be made mindlessly aggressive by agitating it, tying it to

a short lead, disallowing positive human contact, using poor genetic selection, and employing training methods that evoke paranoia or hostility. "Adorable" poodles, terriers, and St. Bernards can be a good deal more aggressive than pitbulls. I have, in fact, owned many dogs that were viewed by society as killers, including pitbulls and rottweilers, and have found them to be more trustworthy around children than my highly malevolent Chihuahua.

In the end, dogs, like people, should be looked at as individuals, not stereotyped in what can be a self-

fulfilling prophecy. In fact, in this case, the veterinarian knows this dog as an individual and has no reason to believe that it fits the aggressive cliché. He or she actually has reason to believe it does not. It is morally incumbent upon him or her to write the letter stating what he or she knows, to save both the animal and the owners anguish. Taking the argument one step further, veterinarians should aggressively battle laws that stereotype animals at the expense of their individuality.

Bernard E. Rollin, PhD

Ethical question of the month — April 2001

Responses to the case presented are welcome. Please limit your reply to approximately 50 words and mail along with your name and address to: **Ethical Choices, c/o Dr. Tim Blackwell, Veterinary Science, Ontario Ministry of Agriculture, Food and Rural Affairs, Wellington Place, R.R.#1, Fergus, Ontario N1M 2W3; telephone: (519) 846-3413; fax: (519) 846-8101.** Suggested ethical questions of the month are also welcome! All ethical questions or scenarios in the ethics column are based on actual events, which are changed, including names, locations, species, etc., to protect the confidentiality of the parties involved.

You examine a 10-year-old domestic shorthair that has been a patient of yours for the last 3 years. The cat is presented because of recent seizure episodes and difficulty in breathing through its nose. As a result of your physical examination, you suspect a tumor in the nasal cavity, with spread to the lymph nodes. A complete diagnostic work-up is discussed, but the client explains that finances are limited. He chooses, instead, to try therapy with anticonvulsant drugs and steroids. The client's wife phones you a week later to explain that her husband is in denial regarding the cat's eventual demise and requests that you explain to her husband that further treatment is not warranted. The husband calls a few days after his wife's call and reports that the cat is much improved, although slightly lethargic, and schedules a recheck in 2 days. His wife phones the next day and explains that the cat is much worse and should be euthanized. On presentation, the cat is breathing easier and has not had any seizure activity for the last 2 weeks. You again describe the procedures and costs associated with a full diagnostic investigation. The husband declines because of financial constraints but agrees to a blood test to see if the lethargy may be associated with the dose of the anticonvulsant medication. He asks that you delay running the blood tests until he can discuss the matter with his wife. The wife calls you the following day, extremely angry that you continue to offer false hope regarding the cat's prognosis to her husband. She declares that she is the legal owner of the cat and forbids any further work on the animal, including the blood tests you had planned to do. She does not want any service offered to her husband, even if he appears with the money to pay for further work on the cat. **How should you proceed?**

**Submitted by Christopher Collis, DVM
Victoria, British Columbia**

Question de déontologie du mois — avril 2001

*Les réponses au cas présenté sont les bienvenues. Veuillez limiter votre réponse à environ 50 mots et nous la faire parvenir par la poste avec vos nom et adresse à l'adresse suivante : **Choix déontologiques, a/s du Dr Tim Blackwell, Science vétérinaire, ministère de l'Agriculture, de l'Alimentation et des Affaires rurales de l'Ontario, R.R. 1, Fergus (Ontario) N1M 2W3; téléphone : (519) 846-3413; télécopieur : (519) 846-8101.** Les propositions de questions déontologiques sont toujours bienvenues! Toutes les questions et situations présentées dans cette rubrique s'inspirent d'événements réels dont nous modifions certains éléments, comme les noms, les endroits ou les espèces, pour protéger l'anonymat des personnes en cause.*

*Vous examinez un chat domestique à poil court âgé de 10 ans, qui est votre patient depuis trois ans. Le chat présente depuis peu des épisodes de convulsions et de la difficulté à respirer par le nez. L'examen vous laisse supposer la présence, dans la cavité nasale, d'une tumeur qui s'étend dans les nœuds lymphatiques. Vous proposez une batterie de tests de diagnostic, mais le client explique que son budget est limité. Il choisit plutôt de traiter les symptômes en administrant des médicaments anticonvulsivants et des stéroïdes. Une semaine plus tard, la conjointe du client vous téléphone pour vous expliquer que son mari refuse d'admettre que le chat souffre d'une affection mortelle et elle vous demande de lui expliquer qu'aucun autre traitement n'est possible. Le mari vous rappelle quelques jours plus tard et vous déclare que le chat va beaucoup mieux, bien qu'il soit un peu léthargique, et il prend rendez-vous pour le surlendemain. La conjointe téléphone le lendemain pour vous dire que le chat va très mal et qu'il devrait être euthanasié. À l'examen, vous constatez que le chat respire mieux et le client vous dit qu'il n'a pas eu de convulsion depuis deux semaines. Vous décrivez de nouveau les tests et les coûts associés à un examen complet de diagnostic, mais le client réitère son refus à cause de ses contraintes financières. Il accepte toutefois un test sanguin pour savoir si la léthargie est associée au médicament anticonvulsivant. Il vous demande d'attendre pour faire le test qu'il en ait discuté avec sa conjointe. Cette dernière vous appelle le lendemain et vous reproche avec colère d'entretenir chez son mari de faux espoirs. Elle déclare qu'elle est la propriétaire du chat et vous interdit de lui faire subir quelque autre traitement que ce soit, y compris le test sanguin. Elle ne veut pas que vous offriez d'autres services à son mari, même s'il se présente avec de l'argent pour payer vos honoraires. **Que devriez-vous faire?***

**Proposé par Christopher Collis, DVM
Victoria (Colombie-Britannique)**